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APPLICANTS

Michael J. DeBar, Rochester, NY;

Zhihao Yang, Webster, NY;

** CONTINUING DATA ***** *me A*** FOREIGN APPLICATIONS ***** *me A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

Thomas H. Close
 Eastman Kodak Company
 Patent Legal Staff
 343 State Street
 Rochester, NY
 14650-2201

TITLE

Measuring absolute static pressure at one or more positions along a microfluidic device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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